

This application is available in alternate formats upon request.

**REQUEST FOR WAIVER FROM ACCESSIBILITY REQUIREMENTS
OF CHAPTER 553, PART V, FLORIDA STATUTES**

Your application will be reviewed by the Accessibility Advisory Council and its recommendations will be presented to the Florida Building Commission. You will have the opportunity to answer questions and/or make a short presentation, not to exceed 15 minutes, at each meeting. The Commission will consider all information presented and the Council's recommendation before voting on the waiver request.

1. Name and address of project for which the waiver is requested.

Name: NAIL BAR

Address: 1486 & 1488 APACHEE PKY TALL, FLA

2. Name of Applicant. If other than the owner, please indicate relationship of applicant to owner and written authorization by owner in space provided:

Applicant's Name: CEDCO INC

Applicant's Address: 5018 BRADFORDVILLE ROAD, TALL FLA 32309

Applicant's Telephone: 850 559-7775 FAX: _____

Applicant's E-mail Address: CEDAFFIN@YAHOO.COM


Relationship to Owner: AGENT

Owner's Name: WILLIAM E COLEMAN

Owner's Address: 951 S 18TH ST SUITE 200, BIRMINGHAM AL 35205

Owner's Telephone: 205 939-8234 FAX _____

Owner's E-mail Address: AGENT - CEDAFFIN@YAHOO.COM

Signature of Owner:  AGENT C E DAFFIN

Contact Person: ERNIE DAFFIN, AGENT

Contact Person's Telephone: 850 559-7775 E-mail Address: CEDAFFIN@YAHOO.COM

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Form No. 2001-01

3. Please check one of the following:

New construction.

Addition to a building or facility.

Alteration to an existing building or facility.

Historical preservation (addition).

Historical preservation (alteration).

4. Type of facility. Please describe the building (square footage, number of floors). Define the use of the building (i.e., restaurant, office, retail, recreation, hotel/motel, etc.)

NAIL BAR - NAIL BUSINESS 1345HSF ONE STORY

5. Project Construction Cost (Provide cost for new construction, the addition or the alteration):

\$ 8,000⁰⁰

6. Project Status: Please check the phase of construction that best describes your project at the time of this application. Describe status.

Under Design Under Construction*

In Plan Review Completed*

* Briefly explain why the request has now been referred to the Commission.

SUGGESTION BY TALLAHASSEE BUILDING REVIEW DEPT

7. **Requirements requested to be waived.** Please reference the applicable section of Florida law. Only Florida-specific accessibility requirements may be waived.

Issue

⇒ 1: 553.509 FLORIDA STATUTES

Issue

2: _____

Issue

3: _____

8. **Reason(s) for Waiver Request:** The Florida Building Commission may grant waivers of Florida-specific accessibility requirements upon a determination of unnecessary, unreasonable or extreme hardship. Please describe how this project meets the following hardship criteria. Explain all that would apply for consideration of granting the waiver.

[] The hardship is caused by a condition or set of conditions affecting the owner which does not affect owners in general.

TAKES UP EXCESS ROOM, FLOOR SPACE.

Substantial financial costs will be incurred by the owner if the waiver is denied.

COST OF RAMP OR LIFT

[] The owner has made a **diligent investigation** into the costs of compliance with the code, but cannot find an efficient mode of compliance. Provide detailed cost estimates and, where appropriate, photographs. Cost estimates must include bids and quotes.

9. Provide documented cost estimates for each portion of the waiver request and identify any additional supporting data which may affect the cost estimates. For example, for vertical accessibility, the lowest documented cost of an elevator, ramp, lift or other method of providing vertical accessibility should be provided, documented by quotations or bids from at least two vendors or contractors.

Phone Quotes:

→

a. 1/13/11 8:20 AM Thyssen Krupp Elevators, Model TK Access CDE 42
16" LIFT \$8,900⁰⁰ + ELECTRICAL - Matt Ellinor 850 576 8741

b. 1/13/11 8:30 AM Nationwide Lifts - Rick 539 1899 - \$8000⁰⁰

c. EBAY - 5000⁰⁰ - 12,000⁰⁰

10. Licensed Design Professional: Where a licensed design professional has designed the project, his or her comments MUST be included and certified by signature and affixing of his or her professional seal. The comments must include the reason(s) why the waiver is necessary.

N/A

Signature

Printed Name

Phone number

(SEAL)

CERTIFICATION OF APPLICANT:

I hereby swear or affirm that the applicable documents in support of this Request for Waiver are attached for review by the Florida Building Commission and that all statements made in this application are to the best of my knowledge true and correct.

Dated this 13 day of JANUARY, 2011



Signature

CE DATTIN

Printed Name

By signing this application, the applicant represents that the information in it is true, accurate and complete. If the applicant misrepresents or omits any material information, the Commission may revoke any order and will notify the building official of the permitting jurisdiction. Providing false information to the Commission is punishable as a misdemeanor under Section 775.083, Florida Statutes.

REVIEW AND RECOMMENDATION BY LOCAL BUILDING DEPARTMENT.

Please state why the issue is being referred to the Florida Building Commission as well as a recommendation for disposition. The Building Official or his or her designee should review the application and indicate that to the best of his or her knowledge, all information stipulated herein is true and accurate. Further, if this project is complete, explain why it is being referred to the Commission. The Building Official or his or her designee should sign a copy of the plans accompanying this application as certification that such plans are the same as those submitted for building department review. Please reference the applicable section of the Accessibility Code.

- a. SEE ATTACHED "PLAN REVIEW COMMENTS" FROM CITY OF TALLAHASSEE
- b. GROWTH M&T. 1/4/2011 FROM BOB TREDIK REFERENCE PAGE 2 OF 2
- c. BUILDING REVIEW COMMENT # 3

Has there been any permitted construction activity on this building during the past three years? If so, what was the cost of construction?

Yes No Cost of Construction _____

Comments/Recommendation _____

Jurisdiction _____

Building Official or Designee _____

Signature

Printed Name

Certification Number

Telephone/FAX

Address: _____

~~NA~~

Certification of Licensed Design Professional for Replicated Designs to be Placed on Consent Agenda

Note: This form is to be used only for cases in which design documents are duplicates of previously approved waivers and the project can be placed on a Consent Agenda pursuant to Rule 9B-7.003(3), Florida Administrative Code.

I, _____, a licensed architect/engineer in the state of Florida, whose Florida license number is _____, hereby state as follows:

1. I am the architect/engineer of record for the project known as (name of project) _____, for which the Owner seeks a waiver of one or more accessibility requirements in an application to which this Certification is attached.

2. I hereby certify that to the best of my knowledge and belief to the Florida Building Commission that the design documents for the (insert project described in paragraph 1 above) _____ are the same as the design documents previously submitted to the Commission and referenced in paragraph 3 below, except that the two projects are built or to be built on different parcels of land at different locations.

3. The licensed design professional of record (identify the licensed design professional of record), _____, prepared the design documents for the project known as _____, for which the majority of the Accessibility Advisory Council recommended approval and the Commission granted a waiver of one or more accessibility requirements in Final Order No. _____.

Printed Name: _____ Affix certification seal below:

Address: _____

Telephone: _____

Fax: _____

E-Mail Address: _____

N/A

Certification of Applicant for Replicated Designs to be Placed on Consent Agenda

Note: This form is to be used only for cases in which design documents are duplicates of previously approved waivers and the project can be placed on a Consent Agenda pursuant to Rule 9B-7.003(3), Florida Administrative Code.

I, _____, am applying for placement on the Consent Agenda pursuant to Rule 9B-7.003(3), Florida Administrative Code. I (check one of the following and complete blanks):

I am the owner of this Project (name of project) _____,

and was the owner of the project known as _____,

I am the franchisee of this Project (name of project) _____,

am under the same franchiser (name of franchiser) _____

who was the franchiser of the project known as _____,

I am the licensee of this Project (name of project) _____,

am under the same licensor (name of licensor) _____,

who was the licensor of the project known as _____,

for which the majority of the Accessibility Advisory Council recommended approval, and the Florida Building Commission granted a waiver of one or more accessibility requirements in Final Order No. _____.

I hereby swear or affirm that the above information to the best of my knowledge is true and correct.

Dated this _____ day of _____, 20 _____

Signature

Printed Name



PLAN REVIEW COMMENTS

APPLICANT SERVICES
 (850) 891-7125
 FAX: 891-0948
BUILDING INSPECTION
 (850) 891-7050
 FAX: 891-7099

Review # 1

Mailing Address:
 300 South Adams St., B-28
 Tallahassee, Florida 32301

Overnight Address:
 435 N Macomb St.
 Tallahassee, FL 32301

Date: January 4, 2011
To: cedaffin@yahoo.com
From: Bob.Tredik@TalGov.com
Copied: n/a

City Project #: TBB102021
Project Name: Nail Bar
Project Address: 1486 & 1488 Apalachee Pky
2 Pages transmitted includes this cover sheet

The above referenced project has been reviewed and placed on HOLD by the following reviewer(s) as indicated below. Please contact the individual plan reviewer with specific questions regarding their comments. Please note, the area code for Tallahassee is (850).

Building		Plumbing – Electrical – Mechanical -Fire	
Bob Tredik	891-7071	Daniel Mann ----- Plumbing	891-7064
		Kenny Lockwood---Electrical	891-7091
		Kenneth Locke----Mechanical	891-7159
		Babette Barnes -----Fire	891-7196

ZONING REVIEW: Passed

PLUMBING REVIEW: Hold w/comments DMJR.

- 1) Provide waste, vent and water riser diagram prepared by state licensed contractor.

ELECTRICAL REVIEW: Hold w/comments KL

- 1) Provide existing riser diagram; conductor and raceway size supplying panel and main breaker size.
- 2) Provide panel schedule with load calculation.
- 3) Electrical plan shall be prepared by state licensed contractor

MECHANICAL REVIEW: Hold with comments (Locke)

- 1) No mechanical drawings provided for project. Mechanical plan shall be prepared by state licensed contractor.
- 2) Mechanical code requires ventilation air ~~to be~~ provided for space per Table 403.3 (Nail Salon). Plan indicates 12 new pedicure stations for treating feet and doing toenails. Exhaust system must be designed to keep building at a neutral pressure relative to adjacent spaces to minimize odor transfers.
- 3) Ventilation shall be provided with controls to ensure when the building is occupied ventilation air is being provided. The ventilation shall be provided regardless of whether or not the thermostat is asking for heating/cooling of the space (See FMC Section 401.3)

FIRE REVIEW: Hold w/ comments (Barnes)

- 1) Please provide internally illuminated exit signs above the primary and secondary exit door. Please indicate if the exit sign is existing or new.
- 2) Please provide approved emergency lighting within the handicapped accessible restroom and throughout the unit to illuminate the required means of egress. Please identify the emergency lighting as existing or new.

BUILDING REVIEW: Hold with comments

Review based upon the 2007 Florida Building Code, Building (FBC-B) with 2009 Supplements.

- 1) Please fill out application properly with workscope indicated on application.
- 2) The following code summary has been added to the plan:

Type IIB Construction - Business Occupancy - Level II Alteration

Florida Building Code, Building (FBC-B)	2007 Edition <u>with 2009 Supplements</u>
Florida Building Code, Mechanical (FBC-M)	2007 Edition <u>with 2009 Supplements</u>
Florida Building Code, Fuel Gas (FBC-FG)	2007 Edition <u>with 2009 Supplements</u>
Florida Building Code, Plumbing (FBC-P)	2007 Edition <u>with 2009 Supplements</u>
Florida Building Code, Existing Building (FBC-EB)	2007 Edition <u>with 2009 Supplements</u>
Florida Fire Prevention Code (FFPC)	2007 Edition
National Electrical Code (NEC)	2008 Edition

- * 3) Vertical accessibility shall be provided between units 8 and 9, by ramp or by lift, or seek waiver from FL Building Commission.
- 4) Please explain note on plan “re open doors closed up with metal studs in 8” cmu wall”. Are these new openings or existing openings? New openings require signed and sealed plans for header design in masonry wall. Existing masonry wall may be designed to be a building shearwall.

Upon resubmittal, please provide a **signed and sealed letter response** to all reviewer comments, referring readers to the **revised plan sheets**. Please delineate plan revisions by **clouding on drawings**.

Please be advised: Responses to comments may reveal additional concerns and, therefore, generate new comments. Please check any plan revisions for compliance with all applicable codes.

END COMMENTS

Permit Manager

Welcome to Leon County, Florida



Leon County, Growth & Environmental Management

Parcel: 1131204460000

License/Permits 1 - 10 of 170

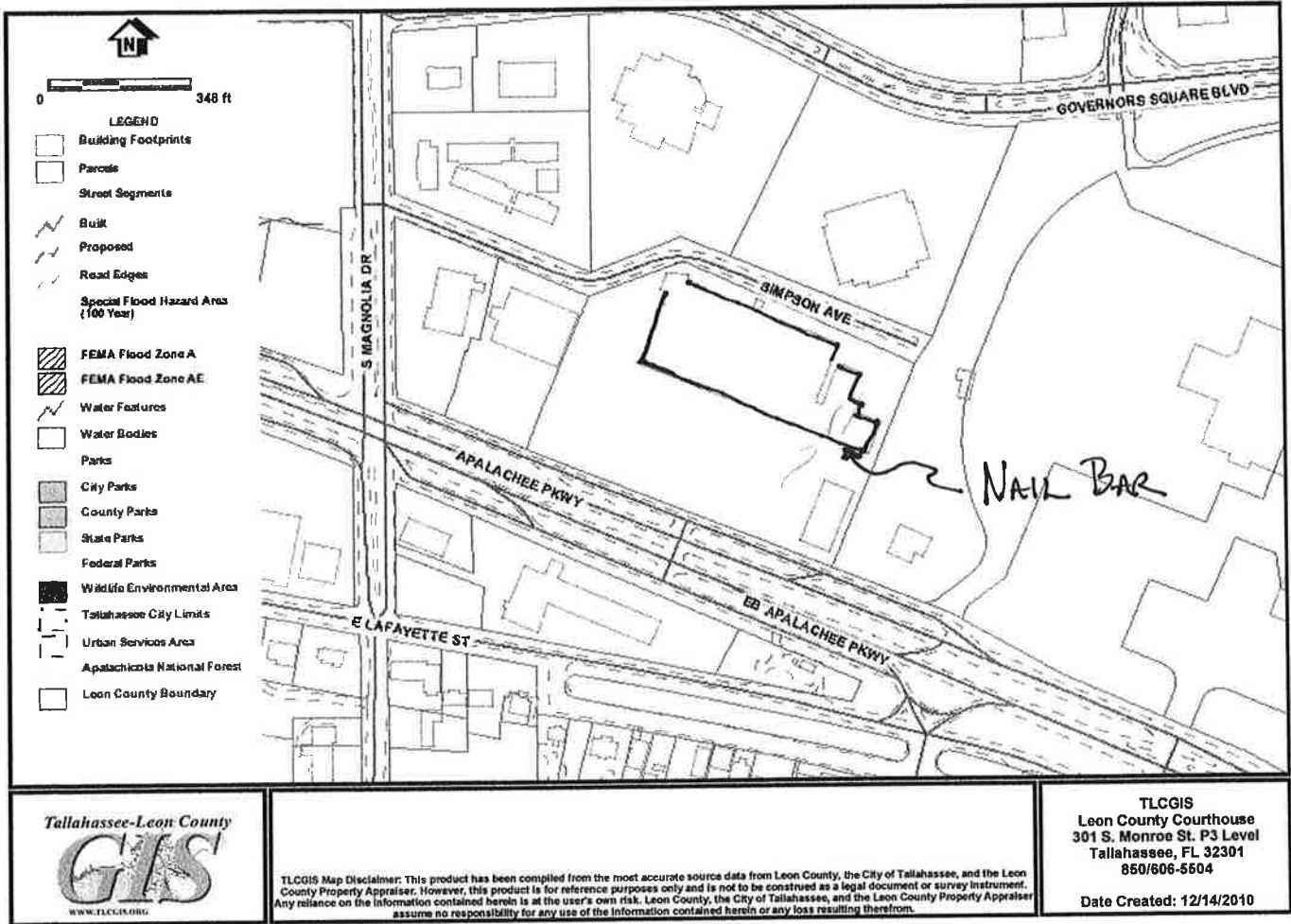
License/Permit#	Type	Status	Date
1131204460000	T-LUC	ELIGIBLE	1999-03-18
1131204460000	L-EMP	CONVERT	1989-06-30
1131204460000	T-BUILD	COFO	2000-03-07
1131204460000	T-BUILD	COFO	2001-07-06
1131204460000	T-BLDP	COMPLETE	2004-05-19
1131204460000	T-BLDP	ISSUED	2005-06-10
1131204460000	T-ROUTE	COMPAP	2005-08-17
1131204460000	T-BLDP	COMPLETE	2006-11-13
1131204460000	T-BLDP	COMPLETE	2008-06-02
1131204460000	T-ROUTE	COMPDN	2008-06-02

Next 10 Records

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Bert Hartsfield, CFA

Leon County Property Appraiser



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Printer Friendly

The Tax Roll is compiled by the Legal Descriptions as recorded in the Public Records of Leon County. Location addresses are not used in the preparation of the Tax Roll. They should not be used for title searches or preparation of legal documents. Parcel ID numbers are for the certified year only.

Parcel Information

Parcel ID : 1131204460000	Location : 1492 APALACHEE PKWY
Parent Parcel: N/A	Legal : 31 & 32 1N 1E 10 A
Owner(s) : SMITH INTEREST GEN PTRN	IN SE 1/4 OF SEC 31
C/O ENGEL REALTY	IN SW 1/4 OF SEC 32
PO BOX 187	(GULF WINDS SHOPPING CTR & BRUNOS)
BIRMINGHAM AL 35201	OR 1244/1322

Sales Information

Date	Price	Book	Page	Imp/Vac	Instrument Type
------	-------	------	------	---------	-----------------

All information provided by this online Internet resource is subject to verification by the Leon County Property Appraiser office. The Parcel and Sale Information is updated daily.

2010 Certified Property Value

Taxing Authority	Rate	Market	Assessed	Exempt	Taxable
County	7.85	\$7,117,004.00	\$7,117,004.00	\$0.00	\$7,117,004.00
MSTU - EMS	0.5	\$7,117,004.00	\$7,117,004.00	\$0.00	\$7,117,004.00
School - State Law	5.536	\$7,117,004.00	\$7,117,004.00	\$0.00	\$7,117,004.00
School - Local board	2.498	\$7,117,004.00	\$7,117,004.00	\$0.00	\$7,117,004.00
City	3.7	\$7,117,004.00	\$7,117,004.00	\$0.00	\$7,117,004.00
Water Management	.045	\$7,117,004.00	\$7,117,004.00	\$0.00	\$7,117,004.00

SUSHI TO KYU

Building Value: \$4,507,004.00 **Land Value:** \$2,610,000.00 **SOH Differential:** \$0.00

2010 Building Information

Property Use : RETAIL

Actual Year Built	Base SQ Ft	Auxiliary SQ Ft	Millage Code	Classified Use	Number of Buildings
1967	122796	6624	1	0	4

Additional Information

<u>Tax Estimator</u>	<u>Homestead Portability Calculator</u>	<u>Clerk of Courts</u>	<u>GIS Map</u>	<u>Tax Collector</u>	<u>Permits</u>	<u>Property Info Sheet</u>
--	---	--	------------------------------------	--	--------------------------------	--

Hold your cursor over the field heading to see an explanation of the field.

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Courthouse Annex, 315 S. Calhoun St, Third Floor, Tallahassee, FL 32301
 Phone (850) 488-6102 Fax (850) 922-7238
 Office Hours: 8am - 5pm, Monday through Friday



Mail: 300 South Adams Street, B-28, Tallahassee, Florida 32301
 Land Use & Environmental Services: (850) 891-7100; Fax: 891-7184
 Building Inspection: (850) 891-7050; Fax: 891-7099

OWNERSHIP AFFIDAVIT & DESIGNATION OF AGENT

I. Ownership.

I, William E. Coleman, hereby attest to ownership of the property described below:

Parcel I.D. Number(s) 113120AAG

Location address: 1486 & 1488 APACHEE PKY, TALL FLA

_____ for which this Application is submitted.

The ownership, as recorded on the ~~deed~~ ^{lease}, is in the name of: LEASEHOLD ESTATE IN THE NAME OF GULF WIND PARTNERSHIP, LLP, AN ALABAMA LIMITED LIABILITY PARTNERSHIP

Please complete the appropriate section below:

NOTE: The person signing under section IV Acknowledgement, must be listed below as an officer or partner.

- | | | |
|--|---|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Corporation
Provide Names of Officers:

_____ | <input checked="" type="checkbox"/> Partnership
Provide Names of General Partners:
<u>Gulf Wind Trust</u>
<u>ENGEL REACH COMPANY, INC</u>

_____ |
| <input type="checkbox"/> Government Entity | | |

Dept. of State Registration No.:

Name/Address of Registered Agent:

II. Designation of Owner's Agent. (Leave blank if not applicable)

As the owner of the above designated property and the applicant for which this affidavit is submitted, I wish to designate the below named party as my agent in all matters pertaining to the location address. In authorizing the agent named below to represent me, or my company, I attest that the application is made in good faith and that any information contained in the application is accurate and complete to the best of my knowledge and belief. (Note: Prior to the issuance of a building permit, the owner's agent must be the contractor listed on the permit application.)

Owner's Agent: CEFCO INC
 Address: 5018 BRADFORDVILLE ROAD TALL FLA 32309
 Contact Person: ERNE DAPPIN Telephone No.: 559-7775

III. Notice to Owner.

A. All changes in Ownership & Applicant's Agent prior to issuance shall require new affidavit. If ownership changes the new owner assumes the obligations and the original applicant is released from responsibility for actions taken by others after the change in ownership.

B. If the Owner intends the Designation of Applicant's Agent to be limited in any manner, please indicate the limitation below. (i.e., Limited to obtaining a certificate of concurrency for the parcel; limited to obtaining a land use compliance certificate; etc.)
OBTAIN BUILDING PERMIT & C.O. FOR 1488 APACHEE PKY TALL FLA

IV. Acknowledgement.

Individual

Corporation

Partnership

Signature

Print Corporation Name

Gulf World Partnership, LLP
Print Partnership Name

Print Name: _____

By: _____

By: Engel Realty Company, Inc.

Address: _____

Signature

By: William E. Cole

Phone #: _____

Print Name: _____

Print Name: William E. Cole
Its: President

Government Entity

Address: _____

Print Government Name _____

Phone #: _____

Address: 951 So. 18th St., Suite 200
Birmingham, AL 35205

By: _____
Signature

Print Name: _____

Title: _____

Department: _____

NOTARY INFORMATION (Please use appropriate block.)

STATE OF Alabama
COUNTY OF Jefferson

Individual
Before me, this _____ day of _____, 20____, personally appeared _____ who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.

Corporation
Before me, this _____ day of _____, 20____, personally appeared _____ of _____ a _____ corporation, on behalf of the corporation, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Partnership
Before me, this 27th day of December, 2010, personally appeared William E. Cole partner/agent on behalf of Gulf World Partnership, LLP partnership, who executed the foregoing instrument and acknowledged before me that same was executed for the purposes therein expressed.

Government Entity
Before me, this _____ day of _____, 20____, personally appeared _____ as _____ and on behalf of _____, who executed the foregoing instrument, and acknowledged before me that same was executed for the purposes therein expressed.

Patricia Suzanne Pierce
Signature of Notary
Patricia Suzanne Pierce
Print Notary Name

NOTARY STAMP:
NOTARY PUBLIC STATE OF ALABAMA AT LARGE
MY COMMISSION EXPIRES: Oct 20, 2010
BONDED BY NOTARY PUBLIC UNDERSTANDING
My commission expires: _____
Identification Method: Personally known.
_____ Produced I.D. - Type: _____

Permit No. _____
Tax Folio No. _____

* Yet to Be Recorded

Parcel ID 113120446000

NOTICE OF COMMENCEMENT

To Whom It May Concern:

The undersigned hereby informs you that improvements will be made to certain real property, and in accordance with Section 713.13 of the Florida Statutes, the following information is stated in this NOTICE OF COMMENCEMENT.

1. Description of property:
Legal Description: 148 31732 IN 1E 10A IN SE 1/4 OF SEC 31 IN SW 1/4 OF SEC 32
Street Address: 1488 APALACHEE PKY TALL FLA

2. General description of improvements: ADD PEDICURE STATIONS & HOT WATER HEATER

3. Owner's Information: Name: Gulf Winds PmtNexsh.P, LLP
Address: PO Box 187 BIRMINGHAM, AL 35201
Interest in Property: _____
Name and Address of fee simple titleholder (if other than owner): _____

4. Contractor Information: Name: CEDCO INC
Address: 5018 BRADFORDVILLE RD TALL FLA 32309
Telephone No. 850 893 4709 Fax No. (Opt.) _____

5. Surety Information: Name: _____
Address: _____
Amount of Bond: _____
Telephone No. _____ Fax No. (Opt.) _____

6. Lender Information: Name: _____
Address: _____
Telephone No. _____ Fax No. (Opt.) _____

7. Identity of person within the State of Florida designated by owner upon whom notices or other documents may be served:
Name: _____
Address: _____
Telephone No. _____ Fax No. (Opt.) _____

8. In addition to himself, owner designates the following person to receive a copy of the Lienor's Notice as Provided in Section 713.13 (1) (b), Florida Statutes:
Name: _____
Address: _____
Telephone No. _____ Fax No. (Opt.) _____

9. Expiration date of Notice of Commencement (the expiration date is 1 year from the date of recording unless Different date is specified) _____

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART 1, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCEING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

William F. Coleman, President
Signature of Owner or Owner's Authorized Officer/Director/
Partner/Manager
William F. Coleman, President
Print Name

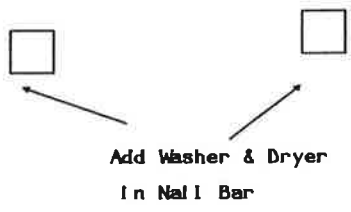
State of ~~Florida~~ Alabama
County of ~~Leon~~ Settenson
The Foregoing instrument was acknowledged before me this 27th day of December, 2010,
by W. Nam E Coleman who is personally known to me or has produced
drivers license as identification and who did/did not take an oath.

BOB INZER, CLERK CIRCUIT COURT
Patricia Suzanne Pierce
Signature of Notary/Deputy Clerk
Patricia Suzanne Pierce
Printed Name

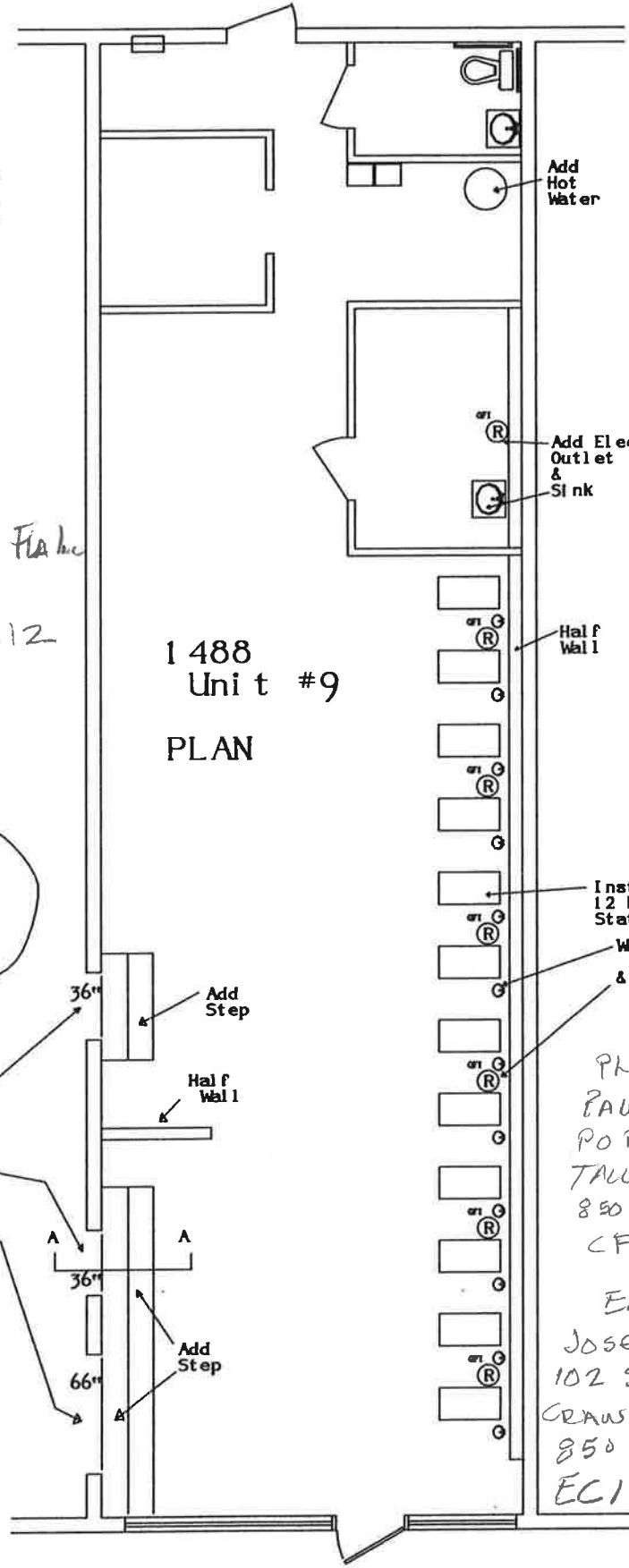
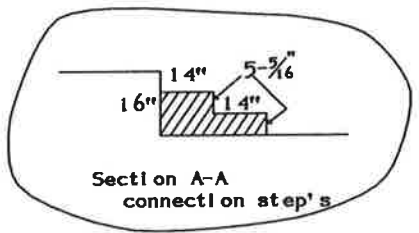
Verification pursuant to Section 92.525, Florida Statutes

Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

William F. Coleman
Signature of Natural Person Signing Above



A/C
 D G Development of North Florida
 9120 HICKORY HILL
 TALL FLA 32312
 850 251-4623
 CAC1813A25



1488
 Unit #9
 PLAN

Add Hot Water

Add Elect Outlet & Sink

Half Wall

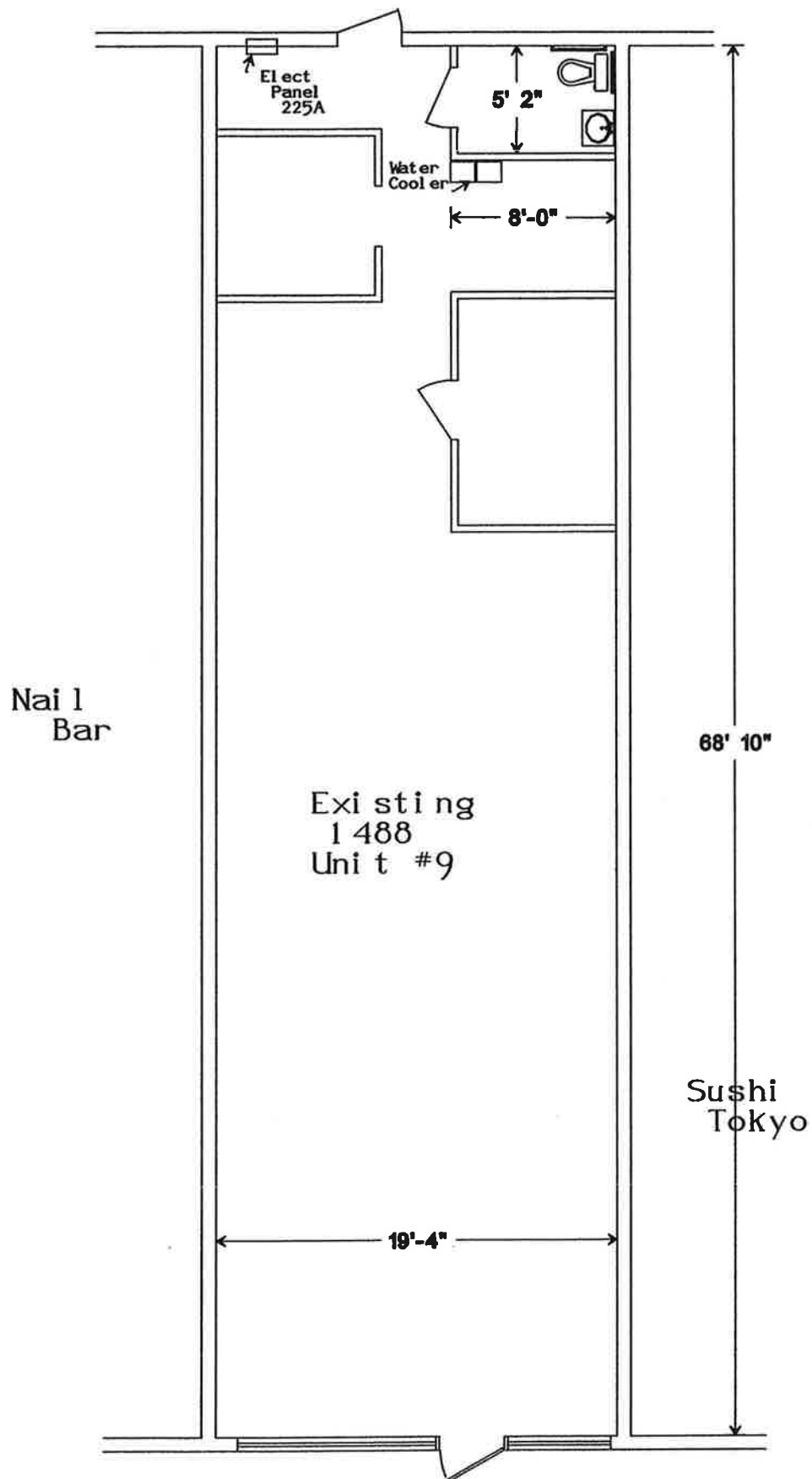
Install 12 Pedicure Stations
 With sinks & 6 electrical outlets 110V

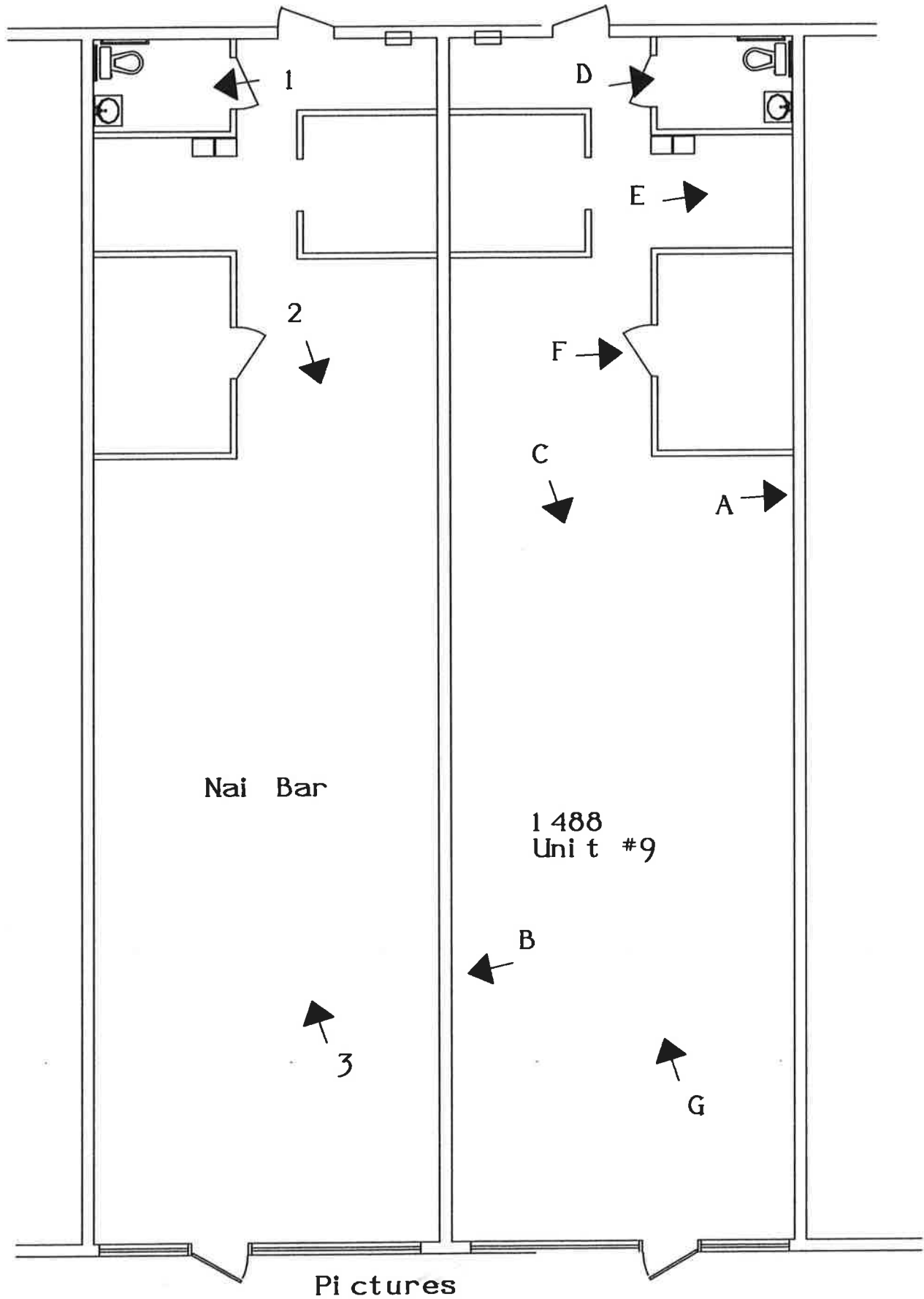
36"
 Add Step
 Half Wall
 Re Open Doors Closed Up With Metal Studs In 8" CMI wall
 36"
 66"
 Add Step

PLUMBING
 PAUL & SON
 PO BOX 16342
 TALL FLA 32317
 850 942-5998
 CFC057877

ELECTRICAL
 JOSEPH E MORAN
 102 SUMMERWOOD DR
 CRAWFORDVILLE FLA 32332
 850 421-3714
 EC13001400

GENERAL CONTRACTOR:
 CEDCO INC
 5018 BRADFORDVILLE RD
 TALL FLA 32309
 C6C010025
 850 559-7775
 CEDAFFIN@YAHOO.COM
 ERNIE DAFFIN





EXISTING
1486 UNIT #8

NEW SPACE
1488 UNIT #9



EXISTING
FRONT WALK
SLOPE IS
1:12 OR LESS



(A)

Fire wall



ELECTRICAL PANEL 1488



(B)

Block Fire wall





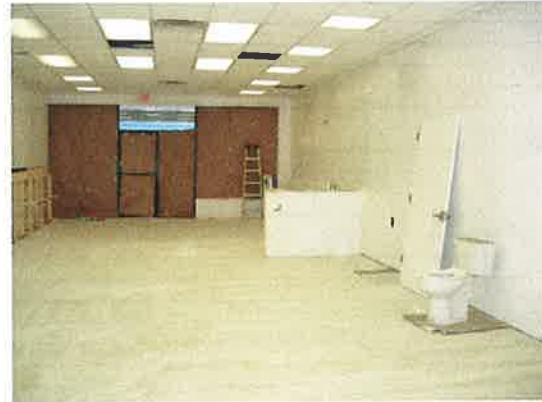
1486 - (1)



1486 (2)



1486 (3)



1488 (C)



1488 (D)



1488 (E)



1488 (F)



1488 G